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CITY OF WORCESTER

EDUCATION COMMITTEE

Annual Report

upon the

School Health Service

for the Year

1966

By

G. M. O'DONNELL, B.A., M.B., D.P.H.
Principal School Medical Officer

LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE
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1966

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REV. FATHER F. KELLY.
MR. E. G. PEIRSON.
MRS. N. D. M. WILLIS.

STAFF AT 31st DECEMBER, 1966

Principal School Medical Officer :
G. M. O'DONNELL, B.A., M.B., D.P.H.

Deputy Principal School Medical Officer :
A. I. BLENKINSOP, M.B., B.S., D.P.H., D.OBST.R.C.O.G., D.C.H.

School Medical Officers :
MOIRA K. E. ALLINGTON, B.A., M.B., B.CH., D.C.H., D.P.H.
DOUGLAS G. SNELL, M.B., B.S., D.P.H.

Child Psychiatrist :
J. J. GRAHAM, M.B., CH.B., D.P.M.
(Consultant, Birmingham Regional Hospital Board)

Educational Psychologist :
SYBIL M. CRANE, M.A., PH.D.
(Resigned 31st August, 1966).
W. G. K. RUBERY, B.SC.
(Commenced 14th November, 1966).

Social Worker :
MRS. E. M. BUDDEN.

Principal School Dental Officer :
E. R. DOWLAND, L.D.S., R.C.S. (Eng.)

Dental Officers (Part-time) :
MRS. B. SAVAGE, B.D.S.
R. WEBLEY, L.D.S.

Dental Anæsthetists (Part-time) :
H. HARVEY, M.D., M.B., B.S., D.A.
C. T. MILLS, M.B., CH.B.
W. D. STEEL, M.B., B.S., M.R.C.S., L.R.C.P.

Dental Surgery Assistants :
MRS. J. MACKELVIE (Resigned 28th February, 1966).
MRS. R. J. YOUNG.
MRS. J. E. RICKETTS (Commenced 13th April, 1966).

Remedial Gymnast :
MR. W. K. EDWARDS

Speech Therapist :

MRS. M. R. OATEY (Resigned 31st August, 1966).

Principal Nursing Officer and Non-Medical Supervisor of Midwives :

MISS O. KEYWOOD

Deputy Principal Nursing Officer and Deputy Non-Medical Supervisor of Midwives :

MISS P. M. DOWNING.

Health Visitors/School Nurses ·

MISS A. DUNLOP
MISS M. HANNON (Resigned 30th September, 1966).
MISS C. MILLARD (Resigned 31st August, 1966)
MISS P, HIGGINS
MRS. A. E. SANDLES
MISS J. M. TEECE
MRS. M. P. MCQUAID
MRS. M. E. HOWE (Part-time)
MRS. M. HOLMES (Part-time)

School Nurses (Temporary Appointments) :

MRS. M. L. HAYTON
MRS. A. TUMMEY (Resigned 11th November, 1966)

Chiropodists (Part-time) :

MRS. M. R. GILBERT.
MISS J. E. PRICE.

Senior Clerk :

MRS. I. FAIRBAIRN (Retired 15th February, 1966).
MRS. D. EASTBURN (Commenced 1st March, 1966).

Clerks :

MISS S. BOXALL (Resigned 1st June, 1966).
MRS. S. JACOBS.
MISS M. A. HAYWARD (Commenced 6th June, 1966).

ANNUAL REPORT FOR THE YEAR 1966

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

To the Education Committee of the City of Worcester

MR. MAYOR, LADIES AND GENTLEMEN,

In presenting this report upon the School Health Service, I would first thank the Chairman and Members of the Primary and Secondary Education Sub-Committee for the generous support afforded to us during the year. Their readiness to do everything possible to help the handicapped child makes our task a mutual concern in which all are united in aim and interest. The Director of Education, Mr. T. A. Ireland, and his staff have been as helpful as ever and we have come to regard their sylvan retreat in Barbourne Terrace as a haven of intellectual renewal and spiritual solace. My staff have worked hard as usual and I am particularly grateful to those in the School Clinic, Friar Street, who have now experienced the equivalent of some years artillery barrage without once yielding to the temptation of " going over the top."

We look forward with a touching intensity to the completion of the new school clinic in Moor Street and those who are responsible for its concept and completion can be assured that their memory will always remain enshrined in our communal heart.

Worcester school children remain healthy in body, mature in instinct, and iconoclastic of disposition. In appearance and physique they are our finest generation to date and have a lively appreciation of their own qualities. It is true that some bear the stigmata of a candyfloss civilisation—bad teeth, slack posture, deformed feet, obesity and poor muscle tone—but these must be expected among the affluent in an urban society where parental discipline is in decline and the motor car the deus ex machina. The tragedy is that these defects, although small in themselves, are often the portents of ill health in later life. If children could be persuaded of the virtues of exercise, particularly walking, a lot of future trouble would be prevented. There is nothing intrinsically wrong in urban life, it is an inherent development of man's gregarious nature, but always there comes a gradual surrender to the enticements of ease and sloth. It is our cursed yearning for comfort that betrays us. Even this is understandable and sensible if we maintain a standard of discomfort for comparison and also realise that real comfort depends on good health. Strangely enough the tritest of sayings " mens sana in corpore sano " is also the truest. For these reasons we should resist the natural inclination to cosset our children all the time and encourage them instead to learn something of endurance, preferably by our own example. An excess of pleasure defeats its own end. I think it was Marcus Aurelius who said that man has experienced everything pleasurable by forty, after that any experiences he has are apt to be unfortunate. The age limit has dropped considerably since then.

Dr. A. I. Blenkinsop, the Deputy Principal School Medical Officer, has been responsible for the compilation of the body of this report and I thank him and the school doctors for this summary of their endeavours.

Yours faithfully,

G. M. O'DONNELL,

Principal School Medical Officer.

PHYSICAL CONDITION OF PUPILS

The general condition of the children examined was good. Improved standards of nutrition and hygiene, together with a high level of immunisation against infectious diseases, are partly the explanation of this. However, defects continue to occur which are wholly or at least partly preventable.

Obesity is a very common disorder and is the result in nearly all cases of the individual concerned eating more food than he requires. Some unfortunate children become over-weight by eating an amount of food which others can consume without significant increase in size. Others find that once established, the habit of eating large amounts is very difficult to change. Parents often look upon a large appetite as a sign of robust health and become worried or feel slighted if their child is more temperate in his eating habits. In this respect it is often enlightening to hear the remarks made by obese children and their parents concerning their condition. " Well-built " or " puppy fat " have been used on such occasions to describe states of gross obesity. This attitude, together with a disbelief of the hazards of the condition, are the greatest obstacle to taking effective action. Undoubtedly eating less is often uncomfortable but it is surely better to accept some minor discomfort during childhood than to run the greatly increased risks of contracting such diseases as coronary thrombosis or diabetes later in life.

A not unrelated defect particularly common among our school children is dental caries. It is frequently the result of faulty dietary habits being particularly associated with the consumption of large amounts of sugar, sweets and refined starchy foods. Many children obtain or are provided with sweets to an altogether excessive extent. When this habit exists together with an ignorance of the necessity for dental hygiene and care the individuals concerned frequently succumb to dental decay with the pain and unpleasantness that go with it. Children should clean their teeth at least twice a day, should avoid excessive consumption of sugar and should attend their dentist every six months for a routine check. Until this standard of care is achieved dental caries will continue to be the frequent and distressing complaint that it is at the present time.

The School Health Service can detect and often treat these and other conditions which are found in school children but, more than this, we must continue to improve our efforts to prevent such conditions developing. From past experience we know that this will be no easy task but it is a challenge which we cannot ignore.

ROUTINE SERVICES

MEDICAL INSPECTIONS:

Routine examinations are made of entrants to primary schools and children in their first year at secondary schools.

During the year a system for the selective examination of school leavers was introduced. For some time it had been felt that it would be possible to reduce the routine examination of large numbers of healthy children at the leavers examination and accordingly a scheme for selecting those children in need of attention was devised. The procedure adopted is for the school medical officer to go through the medical records of the school leavers group and select those children who would be likely to benefit from the medical examination. These children, together with those selected by the school teachers, are automatically seen. A questionnaire is sent to the parents of the remaining children in order that they can indicate whether their child has any health problems. These children, together with those whose parents request the opportunity of an examination, are also placed on the list to be seen by the school doctor.

In this way it has been possible to concentrate more attention on the children approaching school leaving age who require assistance without detriment to the others. More time rather than less is being spent by the doctors at their schools and the effectiveness of the work done seems to have undergone significant increase. Initially, therefore, the selective approach has been fully justified.

During 1967 it is hoped to introduce a pilot scheme for one or two general practitioners to undertake the medical inspections at a few small schools. This will be a further step in the co-operation between the Health Department and general practitioners in the City and it is hoped that this scheme will be of mutual benefit and interest to all concerned.

The carrying out of periodic medical inspections remains our main duty. At each session, which lasts approximately three hours, some twenty children are seen by the school doctor and the findings noted on the child's individual medical record card. The facilities for routine medical inspections, although not always of a high order, have been considerably improved in recent years and in some new schools the standard of medical accommodation is excellent. We look forward to the time when it is possible to have such a uniformly high standard in all schools.

	1962	1963	1964	1965	1966
Pupils Inspected ...	3,363	3,539	3,398	3,827	2,390
Unsatisfactory ...	20	29	16	10	19
Percentage Unsatisfactory	·6	·82	·47	·26	·80

The fall in the number of pupils examined during 1966 is due to the fact that the selective examination of school leavers was introduced and 557 children did not require medical inspection.

DEFECTS OF VISION:

The eyesight of school entrants is tested at the age of five years by the school nurses. Children who do not know their letters and, therefore, cannot use the Snellen charts are tested with the E test or with the Sjogren hand charts.

Subsequent vision testing is carried out at the ages of eight, twelve and fourteen years. In individual cases where the adequacy of vision is suspect more frequent intermediate tests are carried out. In this way it is hoped that no child with a defect of vision will remain for long undetected. Children whose vision is less than 6/9 in either eye are referred to the clinic at the Eye Hospital. Those whose vision is 6/9 in either eye are re-tested at the next session at the school. Colour vision of boys is tested at fourteen years of age using Ishihara charts.

During the year delivery was taken of a Keystone Vision Screener. This optical instrument facilitates the testing of eyesight in that children can be tested at a faster rate than by the conventional method. At the same time it is more accurate in the detection of defects not only of refraction but of muscle balance and colour vision as well. The instrument is compact, easily transportable in a car and can be used in a small room. Initial experience in the use of this instrument fully justifies our expectations of it.

A special clinic for school children at which a nurse from the School Health Service is present is held every week at the Eye Hospital. 777 children were seen at the eye clinic in 1966 and spectacles were provided for 342. Of those attending 90 were referred by the school medical officers and 52 by school nurses. The number of new cases was 142 compared with 205 in 1965.

DEFECTS OF EAR, NOSE AND THROAT:

Routine sweep testing with the pure tone audiometer was carried out on 1,222 school entrants. The standard used is lack of response by the child to any one frequency over 20 decibels. A child who fails this test is referred to the audiometric centre at the School Clinic for a threshold test. If this confirms a hearing loss then referral to the school medical officer and later to the Ear, Nose and Throat Clinic for full investigation is indicated.

All the preliminary testing was carried out by a member of the staff specially trained for this purpose. Those who after initial testing were considered to have a significant hearing loss were re-tested by a medical officer for confirmation and exclusion of simple causes such as a respiratory infection or wax before referral to the Ear, Nose and Throat Clinic.

The result of the investigations in recent years is shown in the following table:—

Entrants Examined		Number Referred for Investigation	
1965	1966	1965	1966
1,250	1,222	15	16

From the table above it will be seen that sixteen children were referred for investigation. These children and a further eight who had been referred independently of the sweep survey were examined by the peripatetic teacher of the partially hearing and the school doctor, and subsequently six were referred to the Ear, Nose and Throat Clinic at the Worcester Royal Infirmary for further investigation.

The recommendations for the six children who were referred to the Ear, Nose and Throat Clinic are as follows:—

	Ear Condition	Hearing Loss	Result
B.1	Catarrh	35 db (L) 25 db (R)	For observation
B.2	Catarrh	40 db (L) 35 db (R)	For observation
B.3	Otitis Media	35 db (L) 40 db (R)	Hospital treatment
G.1	Otitis Media	35 db (L) 35 db (R)	Hospital treatment
G.2	Adenoids	35 db (L) 60 db (R)	Adenoidectomy
G.3	Otitis Media	35 db (L) 35 db (R)	Hospital treatment

During the year Mrs. Blakeway-Smith continued her work as Peripatetic Teacher of the Partially Hearing.

Work with children suffering from hearing defects is of great importance since a hearing loss can result in the child failing to derive full benefit from his education. In such cases constant supervision is needed to see that the child is placed in an optimum position in the class and that if he has a hearing aid he is using it properly. Those children in need of specialised tuition have to be seen on a regular basis while parents of such children require special assistance and instruction in the best ways of helping their child.

In addition to this work Mrs. Blakeway-Smith gave regular specialised help to a severely deaf pre-school child which resulted in a considerable improvement in her condition.

Deaf and partially hearing children are an unprivileged group whose opportunities are often limited by their handicap. By giving specialised assistance and supervision of this nature we can help to redress the balance and give them a better start in life.

SCHOOL DENTAL SERVICE:

Mr. E. R. Dowland, L.D.S., R.C.S., Principal School Dental Officer, reports:—

" 2,168 children were inspected at routine visits to schools, and a further 425 at the clinic as specials or casuals. 1,655 were found to require treatment of whom 1,161 accepted treatment at the clinic.

" Twenty-one orthodontic cases were referred to the hospital consultant. This figure was higher than in previous years due to the complexity of the irregularities and the treatment necessary, either by extraction or appliance therapy. Six cases were treated at the clinic by the use of removable appliances.

" When this work is embarked on considerable time is taken up with patient and parent outlining the proposed course of treatment, including the extraction of sound teeth, to acquire sufficient space and the aims of the appliance. It is essential to have the co-operation of the patient and the parent.

" Many cases are discontinued both at the clinic and at the hospital because of non-perseverance in a tedious and prolonged treatment.

" The Ministry has been checking the amount of x-ray radiation which clinic staffs are subjected to. Five years ago the patients were safeguarded by the use of a shorter x-ray cone and lead impregnated aprons.

' Thirteen patients were fitted with partial dentures.

" The output of work in conservative work was much lower due to the staffing position, and also sickness wastage in the permanent staff.

" One surgery was refitted with modern equipment in a light blue colour. A great improvement on the antiquated outfit it replaced and acclaimed by patients who have attended the clinic for years."

SCHOOL HYGIENE:

The environment in which the child is educated is of great importance being as it is essential to the well-being of the school community. School medical officers together with public health inspectors supervise the hygiene of the schools in the City and receive great help from the teachers who are always alert to potential deterioration or possible improvement in the state of the environmental hygiene in the school.

The construction of new schools and renovations in older schools are together leading to a continuous improvement in the prevailing conditions.

MEDICAL EXAMINATIONS OF TEACHING STAFF:

During the year 48 candidates for teachers' training colleges and 11 teachers about to take up their duties were medically examined.

EMPLOYMENT OF SCHOOL CHILDREN:

Children undertaking part-time employment have to be medically examined in accordance with bye-laws. Officers employed by the local authority keep careful watch to ensure that no child is employed on work that might be prejudicial to his health or render him unfit to gain maximum benefit from his education.

The majority of children undertaking part-time work of this nature are employed in the delivery of newspapers. Part-time work in shops is also a frequent occupation. The numbers of children whose fitness for employment has been assessed in recent years are as follows:—

1964	...	250
1965	...	302
1966	...	332

PREVENTION AND TREATMENT

HEAD INSPECTIONS:

Reference to Statistics—Part I, Table C.

This table shows that 16,969 individual examinations of pupils in schools were made by the school nurses in 1966 and 584 pupils were found to be infested.

It is distressing to find that there are still a small number of parents who do not consider infestation of the hair with nits or lice as anything particularly unpleasant or remarkable. This careless attitude results in their children being frequently infested and acting as a reservoir of infection for other school children whose parents can be upset and embarrassed when the condition is discovered.

Every effort is made by health visitors and school nurses to keep a careful check on the heads of school children and particular attention is paid to schools where persistent offenders have been found in the past. It is disheartening, however, to find that after clearing up the infection such children often become quickly re-infested by home contacts. Attempts to gain full co-operation in such families are often notoriously difficult.

B.C.G. VACCINATION:

B.C.G. vaccination is offered to school children during their thirteenth year of age. The preliminary Heaf testing disclosed that 12·3% of the children were tuberculin positive and, therefore, did not require vaccination.

As a precaution, strongly positive reactors were x-rayed at the Chest Clinic but no active tuberculosis was detected.

Those children who were absent from school at the time of the testing or vaccination were offered a further opportunity to receive protection by attending the School Clinic during the holidays.

The results of B.C.G. vaccination are as follows:—

	Maintained Schools	Non-Maintained Schools	Total
Number Heaf tested ...	873	226	1,099
Number found positive ...	118 Percentage Positive—13·5	17 Percentage Positive—7·5	135 Total Percentage Positive—12·3
Number found negative ...	717	203	920
Number vaccinated .	708	202	910
Number not vaccinated .	9	1	10
Number Heaf tested but not read ...	38	6	44

HEAF TESTING:

In addition to its routine use prior to the administration of B.C.G. vaccine, the Heaf test was used when indicated as a useful adjunct in the examination of individual children whose case history indicated a possibility of tuberculosis.

Ultra-Violet Light Therapy:

Ultra-violet light therapy continued to be given during the Spring and Autumn terms to pupils attending Rose Hill Open Air School if recommended by the school medical officer. 71 children attended sessions during the year—41 boys and 30 girls —in the following age groups:—

5 years to 7 years: 5 boys
7 girls

8 years to 15 years: 36 boys
23 girls.

In the Autumn term a further course was started for pupils attending Gorse Hill School and 37 children benefitted from the therapy—

5 years to 7 years: 12 boys
7 girls

8 years to 11 years: 7 boys
11 girls.

All children enjoy the treatment, and the ingenuity of the school nurse supervising the sessions is put fully to the test in thinking up new ways of entertaining, amusing and instructing the pupils during the session.

Remedial Exercises:

Mr. W. K. Edwards, Remedial Gymnast, reports:—

"Approximately 250 children were given remedial exercises throughout the schools in Worcester. On an average, each school is visited once weekly.

" Some 130 children were discharged as having been corrected of some minor defect.

" The parental co-operation showed a marked improvement from previous years and a total of about 90 parents were seen at different times. This is probably largely due to greater appreciation from teaching staffs and also by closer liaison with the Worcester Royal Infirmary.

" Children at Lower Wick Junior Training Centre receive a mixture of specific activities together with minor games of a recreational nature. Recreation facilities at this Centre are somewhat limited, especially for the older boys, and it is to be hoped that the aspirations of Mrs. Evans, the Supervisor, and staff towards some swimming pool facility will be realised in the not too distant future. Some provision for swimming and general hydrotherapeutic activities would do much for these children.

" Seven pre school children were seen in their homes and the parents supplied with literature and instructed in the appropriate exercises.

" Children receiving breathing exercises were again given vital capacity checks throughout the year. After some thirty months of graphing these checks it is seen that—

(a) vital capacity readings show a marked increase during the first three months of breathing exercises;

(b) after the first three months the undulating trend upward follows more closely the normal pattern of vital capacity development;

(c) there is an almost predictable ' level ' or ' drop ' during winter months with children who have been doing breathing exercises for some time. With children who start breathing exercises in cold months the initial vital capacity increase is less marked but, nevertheless, still present.

" I take this opportunity to officially thank all head teachers and staff for putting up with my weekly intrusion with friendly helpfulness."

NOCTURNAL ENURESIS:

This complaint is unpleasant both for the child concerned and for his parents. It can give rise to unhappiness to the sufferer and involve his mother in an endless drudgery of washing and drying blankets and sheets.

The underlying cause for the complaint may be extremely complex or may be merely the symptom of delayed onset of normal bladder control. In a few cases a urinary infection or abnormality of the genito-urinary tract may underlie the complaint. It is important, therefore, before commencing treatment to examine and assess each individual case thoroughly.

In 1967 it is planned to undertake this work more fully by establishing an Enuresis Clinic where children can be seen by appointment. The clinic will allow for full investigation of every aspect of the case together with giving continuous support and supervision to the child and his parents during treatment. At the same time it is hoped to obtain a number of new buzzer alarms in order to replace some of the older machines which, having given good service for many years, are no longer so reliable as they should be. In this way it is hoped to expand the service and give treatment to a larger number of children than has hitherto been possible.

During 1966, as in previous years, we continued to loan buzzers to selected cases and the results for the year are as follows:—

9 boys and 8 girls were successful;

5 boys were partially successful;

7 boys were not successful.

CONVALESCENT HOLIDAYS:

By courtesy of the Education Committee, eight children were sent on convalescent holiday during the year.

CHIROPODY:

117 children were treated at the Chiropody Clinic during the year. The clinic is situated on the ground floor of Church House and Miss J. E. Price and Mrs. M. R. Gilbert do this work for us on a sessional basis. A considerable number of children seen received treatment for verrucae while many others required attention to corns and other abnormalities of the feet produced by unsatisfactory foot wear.

MINOR AILMENT CLINIC:

A weekly clinic is held on Tuesday mornings at which a doctor is present. Relatively few children attend nowadays for minor ailments and the clinic is used as a source of referral of children requiring more detailed examination.

ACCIDENTS INVOLVING SCHOOL CHILDREN:

I am grateful to the Chief Constable for the following report:—

"Accident Figures:

" The total number of accidents in Worcester for the year 1966 was 1,359, being a decrease of exactly 100 accidents over the previous year. However, of this number, 415 were accidents involving personal injury, resulting in a total of 508 casualties, including 5 fatalities. This is an increase of 30 over the total for 1965.

" Comparison tables and graphs for the years 1964 to 1966 show that the casualty increase is due only to the increase in the number of casualties amongst the 'drivers and occupants' of motor vehicles. In the pedestrian, cyclist and motor cyclist categories there was in fact a slight decrease.

" With regard to accidents involving children, in November a 7 year old boy was fatally injured when he ran into the road in the path of a motor van on the Warndon Estate. In addition, twenty-two children were seriously injured and fifty-five slightly injured during the year and once again the largest percentage was from accidents involving young pedestrians.

"A monthly comparison table for the years 1964 to 1966 is shown below:—

ACCIDENTS INVOLVING INJURY TO CHILDREN.
UNDER 15 YEARS OF AGE.

1966

	Fatal	Serious	Slight	Total
Pedestrians ...	1	15	31	47
Pedal cyclists ..	—	6	17	23
Others	—	1	7	8
Total ...	1	22	55	78

1965

	Fatal	Serious	Slight	Total
Pedestrians ...	—	10	35	45
Pedal cyclists ..	—	6	14	20
Others	—	1	5	6
Total ...	—	17	54	71

1964

	Fatal	Serious	Slight	Total
Pedestrians ...	—	10	32	42
Pedal cyclists ..	1	3	27	31
Others	—	2	10	12
Total ...	1	15	69	85

" School Cycle Training:

"A total of nineteen junior and secondary schools now take part in the National Cycling Proficiency Scheme, but there is still room for further expansion as and when more instructors become available.

" During the past year, an experiment with training teams has been operated at a number of the schools where a Police Officer and two Midland 'Red' instructors have worked together, running courses alternately at two or three schools. By this means it has been found that larger classes can be trained and the continuity of the training can be maintained, even when an instructor is unable to attend any of the sessions, due to illness or other commitments.

"A total of 291 children gained their proficiency certificates during the year and at the presentation of badges and certificates held at the Guildhall in September, His Worship The Mayor, Councillor F. P. Lewis, presented the 3,000th certificate to be gained since the scheme was first started in Worcester.

" In addition to this presentation a number of other presentations took place during the year at the City Magistrates' Court and at various schools and these were well attended by parents and pupils of the schools concerned.

" The usual Holiday Course was also held at Pitchcroft during the latter part of the Summer holiday to cater for children attending schools where the scheme is not at present in operation. As in past years, this was quite well attended and all those who completed the training were successful in passing the test.

" City of Worcester Show:

"A Road Safety Exhibition was again staged by the Road Safety Committee at the City of Worcester Show on Pitchcroft in August, and although weather conditions were very poor during the two days, the Exhibition was very well attended.

" Children visiting the Exhibition were able to take part in a Competition based on their knowledge of the new traffic signs, in addition to testing their reaction time on a B.M.C. static trainer.

" Talks to School Children:

"A number of visits have, as usual, been made during the year to junior and infant schools, where the Road Safety Officer and other Officers, assisted by Dog Handlers, have given talks and demonstrations on kerb drill and similar road safety subjects.

" Road Safety Quiz Competition: .

" The Richards' Cup Quiz Competition for Secondary and Grammar Schools, and the Elt Cup Competition for Junior Schools, were again staged during the early part of the year.

" In the Richards' Cup, seven senior schools were represented and the winners were Christopher Whitehead Secondary Girls' School. Twelve Junior schools competed for the Elt Cup and the winners were again Pitmaston Junior School.

"A team of girls from the Girls' Grammar School, Samuel Southall Secondary School and Christopher Whitehead Secondary Girls' School, represented the City in the Worcestershire Inter Town Road Safety Quiz. They were successful in winning this Competition for the Frederick Smith Challenge Cup and then went on to the final of the Regional Competition, where they lost by one point to the team representing Shropshire."

DEATHS OF SCHOOL CHILDREN

(1) A boy aged seven years died of acute encephalitis.

(2) A boy aged seven years died as the result of an intra cranial hæmorrhage sustained when he was knocked down by a motor van.

INFECTIOUS DISEASE

As can be seen from the relevant table, infectious disease amongst school children was generally quiescent in Worcester. Tuberculosis:

(1) Girls' Grammar School

A third year pupil was notified on 7th May suffering from open tuberculosis (viz. infectious tuberculosis). It was, therefore, necessary to investigate all possible contacts. These included:—

(a) Pupils.

72 pupils were Heaf tested on 11th May. Of these, 57 had previously received B.C.G. vaccination and all but one were Heaf positive and, therefore, did not require any further treatment. Of the remaining 15, 13 were Heaf negative.

These girls were x-rayed by a Coventry M.M.R. Unit on 2nd June. 70 showed no abnormality, one showed a healed primary lesion and another had been x-rayed previously and was under observation at the Chest Clinic. The repeat x-ray in this case was normal.

(b) Teaching Staff.

18 of the staff were involved. 10 younger members were Heaf tested, of whom 5 gave negative results, although 2 of these had previously been given B.C.G. vaccination.

All 18 were x-rayed and no abnormality found.

(c) Kitchen Staff.

16 women were x-rayed and of these, 15 showed no abnormality and one was referred for a further x-ray which seemed suspicious, but on further examination no activity was detected.

(d) Members of a Youth Club.

30 young people were involved. 29 were x-rayed and showed no abnormality. One refused x-ray as he was said to have had no contact with the original case.

(2) NUNNERY WOOD SECONDARY MODERN SCHOOL

A first year pupil at this school was notified as having tuberculosis on 18th May. This was not an open case but it was thought desirable to investigate all possible school contacts. These included:—

(a) Pupils.

42 pupils were Heaf tested. Of these, 32 were negative, 6 were positive and 4 were positive having previously had B.C.G. vaccination.

The 10 positive cases were x-rayed by a Coventry M.M.R. Unit. 9 showed no abnomality and one was referred to the Chest Clinic for further investigation. Later reports were satisfactory.

(b) Teaching Staff.

12 members of staff were Heaf tested, of whom two gave negative reactions.

INFECTIOUS DISEASE

CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1966—CLASSIFIED IN AGE GROUPS

(With comparative figures for 1965)

	Number of Cases Notified								Totals				Grand Totals	
	5 years to 9 years				10 years to 14 years									
	1966		1965		1966		1965		1966		1965		1966	1965
	M	F	M	F	M	F	M	F	M	F	M	F		
Scarlet Fever	16	17	10	19	3	1	1	—	19	18	11	19	37	30
Whooping Cough	5	1	5	4	—	—	2	—	5	1	7	4	6	11
Acute Poliomyelitis (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	128	116	129	102	2	7	5	4	130	123	134	106	253	240
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	1	6	58	39	1	—	7	6	2	6	65	45	8	110
Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Actue Pneumonia (Primary or Influenzal)	—	1	—	—	1	—	2	—	1	1	2	—	2	2
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis (infective)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis (post infectious)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	9	7	—	1	3	7	—	—	12	14	—	1	26	1
Tuberculosis (Respiratory)	1	1	—	—	—	2	—	—	1	3	—	—	4	—
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ...	160	149	202	165	10	17	17	10	170	166	219	175	336	394

1966—Of the 244 cases of Measles notified in the 5 years to 9 years age group, 150 were entering school as 5 year olds.

1965—Of the 231 cases of Measles notified in the 5 years to 9 years age group, 111 were entering school as 5 year olds.

All were x-rayed and showed no abnormality.

(c) Kitchen Staff.

18 members of the kitchen staff were x-rayed, of whom 15 proved satisfactory. Three were referred to the Chest Clinic and of these, one was found to have an old tubercular lesion and the other two had non-tubercular conditions.

Food Poisoning:

In September an outbreak of food poisoning occurred amongst the children at a small junior mixed and infants' school. In all 27 persons were affected but none of them were seriously ill. Following investigation it was thought likely that the outbreak was caused by Cl. welchii since this organism was isolated from five of the cases. It is thought that the vehicle of infection was probably partially cooked gravy which was served for dinner at the school.

Infective Hepatitis:

During the year we were asked by the Public Health Laboratory Service to take part in a trial to investigate the value of gamma globulin in outbreaks of infective hepatitis. The objects of the investigation are:—

(1) to survey the incidence of infective hepatitis among contacts in schools and institutions;

(2) to assess the efficacy of British gamma globulin in preventing infective hepatitis in contacts in schools and institutions.

In order to undertake this investigation it was necessary to make infective hepatitis a notifiable disease so that we should be aware of all cases occurring in the City.

In October cases of the disease were notified among children attending a primary school and gamma globulin was administered to a number of children who were contacts. However, follow-up of these children is being undertaken during 1967.

Dysentery:

There was a fall in the number of cases notified among school children as compared with the previous year.

HANDICAPPED PUPILS

(a) Blind pupils, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

There were no totally blind children attending school.

(b) Partially Sighted pupils, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

Two boys and one girl attend Exhall Grange, Coventry.

One boy attends the West of England School for the Partially Sighted, Exeter.

One boy attends Rose Hill Open Air School, Worcester.

(c) Deaf pupils, that is to say, pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language.

There are two boys and one girl at the Royal School for the Deaf, Birmingham.

One boy is at Burwood Park School, Walton-on-Thames.

(d) Partially Hearing pupils, that is to say, pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

(i) One boy and one girl attend Needwood School, Burton-on-Trent.

One girl attends Summerfield House School, Malvern.

(ii) At Rose Hill Open Air School:

Two boys and one girl attend Rose Hill Open Air School, Worcester. They are all classified as delicate but in addition one of the boys is educationally subnormal.

(iii) At Ordinary Schools:

During the year four children were issued with hearing aids for the first time and there are now in all fifty children who have been issued with hearing aids. Most of them are managing quite well at ordinary schools with the help of remedial and individual teaching. They are kept under observation at the Ear, Nose and Throat Clinic of the Worcester Royal Infirmary as well as by the School Health Service.

There are a number of other children who have some degree of hearing loss which is not severe enough to require a hearing aid. These children also require careful supervision to detect any deterioration in their hearing.

(e) Educationally Subnormal pupils, that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

Twenty-eight children, of whom five were girls, were classified as educationally subnormal in 1966. Five children were found to be unsuitable for education in school and were transferred to Lower Wick Junior Training Centre. One boy who had considerably improved at Lower Wick was able to return to school and attends St. Paul's Special Class. In a number of instances admission to Rose Hill Open Air School was advocated either as a temporary measure or where the pupils concerned had a double handicap. The remainder were admitted either to St. Paul's Special Class or were able to continue at their ordinary school with the help of individual teaching.

Educationally subnormal children are educated according to their ability to profit from the various forms of education available. Those with an Intelligence Quotient (I.Q.) of less than 70 and with two years retardation in school work almost invariably require more individual attention than it is possible to give them in an ordinary school and are in need of special education. So far in Worcester, this has been provided either at St. Paul's Special Class or at a residential school. The position will, however, be considerably improved by the completion of the new Day Special School which is expected to open in September, 1967. At the moment the following means of education for educationally subnormal pupils are provided by the City:—

(i) At Residental Schools:

Fifteen boys and four girls attend schools for the educationally subnormal.

(ii) At Rose Hill Open Air School:

TOTAL E.S.N.	ADDITIONAL HANDICAP					
	Delicate	Mal-adjusted	Physically Handi-capped	Epileptic	Partially Hearing	Speech Defect
34	13	5	8	2	1	2

(iii) At the Special Class at St. Paul's School:

(This serves as an interim measure and will probably be discontinued once the special school is completed). Thirty pupils, eighteen boys and twelve girls, attend this class.

(iv) At Ordinary School:

Forty-three boys and twenty-four girls classified as educationally subnormal attend ordinary schools in the City. With few exceptions, these children have I.Qs. of over 70 and can cope in ordinary schools if assisted by remedial teaching. Their progress is carefully observed and re-assessment is carried out at two year intervals or earlier if requested by their head teachers.

(f) Epileptic pupils, that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

	Boys	Girls
At Rose Hill Open Air School	5	1
At Residential Schools	2	—
Classified as Educationally Subnormal	4	3
Classified as Maladjusted	2	—

Children liable to frequent or severe grand mal attacks are sent to Lingfield Hospital School but we have a number of children whose attacks are infrequent and well-controlled who attend ordinary schools.

For the past six years we have maintained an epileptic register which includes the names of all those who have epileptic disorders or behaviour problems associated with an abnormal electroencephalogram. The majority of these children cope very well at ordinary schools although it may be difficult for them to work at a standard commensurate with their mental age if they are receiving daily treatment with anti-convulsant drugs.

(g) Maladjusted pupils, that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

In certain cases of maladjustment it is essential for the child to move away from his home environment. Abnormally aggressive or delinquent tendencies are common features of this type of maladjustment. We are fortunate in being able to place such children in special schools where expert supervision and tuition is available. These schools have made and are continuing to make great improvements in the behaviour and attainments of a number of unfortunate Worcester school children.

There are other varieties of maladjustment, however, which are no less serious but which result in a different type of behaviour in the child. Such cases are the anxiety states and school phobias. These children are often unduly sensitive, fearing to leave their home and mother. They frequently require a gentle and more supportive environment than can be provided in an ordinary school and we are indeed fortunate in being able to provide such care by allowing these children to attend Rose Hill Open Air School. We have found from experience that this type of child frequently improves and matures beyond all recognition while at Rose Hill, as a result of the care and encouragement that the teaching staff give to them.

Deciding what form of treatment or education is appropriate for each individual child is often difficult and requires expert assistance from the School Psychological Service and the Child Guidance Clinic. In this respect we are grateful for all the help and co-operation that we have received when dealing with these most complicated cases. We are indebted to Dr. J. J. Graham, Consultant Psychiatrist, and to his staff at the Worcestershire Child Guidance Clinic for the skill with which they have investigated, advised and treated children whom we referred to them. Eighty-five maladjusted pupils received treatment at the Child Guidance Clinic during the year. Eight children are away at residential schools for maladjusted children—

two are at Bodenham Manor, Near Hereford;

two are at Berrow Wood School, Pendock;

one is at River House School, Henley-in-Arden;

one is at Shotton Hall School, Harmer Hill, Nr. Shrewsbury;

one is at Pottersbury Lodge School, Towcester;

one is at The Friends School, Lancaster.

We are grateful for all the expert assistance and advice given to us by Dr. Sybil Crane who, in August, resigned from the post of Educational Psychologist to the Education Department. She was succeeded in November by Mr. W. G. K. Rubery.

(h) Physically Handicapped pupils, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

While the more severe cases of physical handicap are educated at residential schools, a considerable number of permanently disabled children attend Rose Hill Open Air School. This school was originally intended for delicate pupils but it now also serves quite satisfactorily for physically handicapped pupils whose condition has entered a chronic stage and also for physically handicapped school entrants where a period of medical and psychological assessment is required before deciding upon a permanent educational placement. As Rose Hill is a one storey school these children can move about easily and the pleasing spacious grounds are a stimulus to both body and spirit. The staff have a long tradition in the care of physical defects and successfully maintain the atmosphere of an ordinary school blended with an essential encouragement and understanding.

Children at Residential Schools:

Sex	Age	Condition
M	13	**Spina Bifida.**
M	11	**Cerebral Palsy.**
F	13	**Spina Bifida.**

The three children at residential schools attend—

The Lord Mayor Treloar College, Hampshire;
Tudor Grange School, Warwickshire;
Burton Hill House School, Malmesbury.

Children at Rose Hill Open Air School:

Sex	Age	Condition
M	15	Congenital Heart.
M	15	Congenital Heart.
M	14	Urinary Tract Abnormality.
M	14	Muscular Dystrophy.
M	9	Cerebral Palsy.
M	8	Congenital Heart.
M	8	Perthes' Disease.
M	6	Bilateral Talipes.
F	14	Muscular Inco-ordination.
F	11	Muscular Inco-ordination.
F	8	Congential Bilateral Dislocation of Hips.
F	6	Congenital Bilateral Dislocation of Hips.

Children at Ordinary Schools:

Sex	Age	Condition
M	16	Scoliosis.
M	15	Cerebral Tumour.
M	15	Post Perthes' Disease.
M	12	Absence of Leg.
M	11	Old Osteitis
M	10	Spina Bifida.
M	9	Amputation of Left Leg.
M	9	Premature Puberty.
M	9	Post Perthes' Disease.
M	7	Absence of Right Forearm.
M	7	Athetosis.
F	16	Congenital Bilateral Dislocation of Hips.
F	16	Spastic Hemiplegia.
F	13	Congenital Heart.
F	13	Post Poliomyelitis.
F	13	Congenital Heart.
F	12	Congenital Bilateral Dislocation of Hips.
F	8	Severe Scoliosis.

(i) Pupils suffering from speech defect, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

Mrs. Ruth Oatey, our Speech Therapist, resigned in August. Throughout the country there is a great shortage of speech therapists and so far, despite all our efforts, a successor has not been obtained.

(j) Delicate pupils, that is to say, pupils not falling under any other category in this regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

Three girls and two boys who are classified as delicate attend residential schools—

one is at Devonport Houses for Children, Hapstead;
one is at Steiner Camphill Lodge, Aberdeen;
one is at Mounton House School, Chepstow;
two are at Hephaistos School, Nr. Reading.

A number of delicate pupils who require special education attend Rose Hill Open Air School and I thank Miss P.

Smith the Headmistress for the following information:—
" The school had the highest number on roll for several years. The total of eighty-eight children consisted of fifty-three boys and thirty-five girls. Some thirty-five children were admitted and twenty were discharged. Whenever possible pupils are returned to the normal school environment. At the moment approximately 72% of the children are long term pupils.

" The eighty-eight children on roll provided a total of one hundred and thirteen handicaps, twenty-one had dual handicaps and two had triple handicaps. Once again the largest group was that of delicate pupils who numbered forty-one. The educationally subnormal group consisted of thirty-six pupils, the maladjusted group sixteen pupils and there were nine pupils in the physically handicapped group. There were four children who reached the school leaving age of sixteen during the year. One educationally subnormal boy with a severe heart defect is undergoing training at an industrial rehabilitation unit, one has retained his first job at a local glove factory, one is working at the railway station, and one severely subnormal boy has not applied for work. Of the other children discharged, two went to residential special schools and the remaining fourteen have been returned to normal schools.
" This year has seen a sharp rise in the number of maladjusted children in the school. Timid, frightened children, with a marked lack of confidence, and possibly suffering from school phobia, can be absorbed successfully into the life of the school, and usually blossom out in this environment. It is proving to be a different matter with the anti-social, aggressive type of older boy. These have been a very disruptive element in the school and are proving to be a major problem.

" During the year the Remedial Gymnast has increased his visits to three a week, and this extra time has certainly helped to improve the health of some children, especially those with asthma. As almost every child coming into the school is retarded in reading, the staff have continued to give prominence to this subject, without putting undue pressure on the children.

" The Peripatetic Teacher of the Partially Hearing now comes regularly to the school and gives lessons to a small number of partially deaf children.

" The school made full use of the swimming bath at Stanley Road School. Thirty-three pupils received instruction and of these, eighteen gained awards. Some of these children were physically handicapped and others were of an extremely timid disposition. The condition at the new Learners' Bath proved to be ideal for encouraging self-confidence in these children.

" We endeavour, as far as is possible, to promote normal activities in this school. To this end, the whole school spent a day at Weston-super-Mare in July travelling by coach. Also in July we held a Fete and Sports Day, attended by many parents. The games and races would cause many a raised eyebrow in more orthodox circles, but are enjoyed hugely by both the children and the parents.

" Many of our former pupils visited the school during the year. It is gratifying to see these confident and happy youngsters returning to see the staff and their former friends.

" The following is an analysis of the position of the school during 1966 : —

Analysis of children entering Rose Hill Open Air School during 1966

	Boys	Girls	
Educationally subnormal	3	2	
Educationally subnormal and neglect	1	—	
Educationally subnormal and maladjusted	1	1	
Educationally subnormal, epileptic and maladjusted	1	—	
Delicate	4	9	
Asthma	2	—	
Obese	—	1	
Delicate and maladjusted	1	—	
Partially deaf and delicate ...	—	1	
Maladjusted	2	1	
Maladjusted and partially deaf ...	1	—	
Maladjusted and epileptic ...	1	—	
Coeliac disease	—	1	
	17	16	Total 33

Analysis of children discharged from Rose Hill Open Air School during 1966

	Boys	Girls	
Educationally subnormal	1	—	
Educationally subnormal and epileptic	1	—	
Epileptic	1	—	
Maladjusted	2	1	
Delicate	3	4	
Asthma	2	1	
Heart	1	—	
Perthes' Disease	1	—	
Bilateral talipes	1	—	
Partially deaf and delicate ...	—	1	
	13	7	Total 20

Analysis of main handicap of children attending Rose Hill Open Air School during 1966

	Boys	Girls	
Delicate	20	19	
Physically handicapped	2	2	
Partially sighted	1	—	
Partially deaf	—	1	
Speech defect	—	—	
Epileptic	1	1	
Educationally subnormal	22	11	
Maladjusted	7	1	
	53	35	Total 88

" In this group of eighty-eight children, some twenty-one have dual handicaps and two have triple handicaps. The above table indicates the major handicap.

The table below shows that the eighty-eight children provide a total of one hundred and thirteen handicaps. The division of handicaps is as follows:—

	Boys	Girls	
Delicate	21	20	
Physically handicapped	5	4	
Partially sighted	1	—	
Partially deaf	2	2	
Speech defect	—	1	
Epileptic	4	1	
Educationally subnormal	24	12	
Maladjusted	12	4	
	69	44	Total 113

SCHOOL MEALS SERVICE

I am indebted to the Director of Education and Miss M. Arlidge, School Meals Organiser, for the following information:

" The number of children taking a school meal continues to rise. Statistics in September revealed that the percentage of children staying to a school dinner was 68·3% making a total of 1,439,750 meals served during the year to maintained schools, with 36,000 to other departments. This figure shows an increase of 3·6% over 1965.

" In the course of the year, two new school kitchens were brought into use, with the opening of St. Joseph's Roman Catholic Primary School in May, and the extensions at Dines Green Primary School in September. This makes a total of nineteen kitchens supplying the daily output of 7,800 meals.

" Until this year the nutritional standard of the school dinner has been governed by Circular 290 issued by the Department of Education and Science in 1955. It is apparent that during the last ten years a greater variety of food has become available and social changes have influenced feeding habits. Inevitably some critcisms have been made of meals based on ideas current in 1955; the main ones being that portions of meat were too small and that dried milk formed too large a constituent of other dishes.

" The Secretary of State set up a working party to review the position and to make recommendations on the nutritional standards of school dinners. As a result on 26th January, the Department of Education and Science issued Circular 3/66. The main provisions of the circular are:—

the number of days on which fresh meat is served is reduced from four to three per week, but the portion of meat is increased;

the quantities of other protein foods (bacon, cheese, fish, eggs, etc.) served on the two remaining days are increased;

variations in the types and quantities of other commodities including fresh and dried fruits and provision of an allocation of canned fruit;

the amounts of dried milk, potatoes and cereals (flour) are reduced.

" This Authority has for some time attempted to provide more acceptable meals within the nutritional and financial limits of Circular 290 and the policy which has been followed is very much in line with that suggested in the new Circular.

" The revised standards outlined in Circular 3/66 were introduced at the commencement of the Summer term. A circular setting out the relevant information was sent out to all kitchens in the City. Furthermore, the menus are planned for a four weekly period at group meetings for Cook/Supervisors. This ensures a good choice and rotation of dishes, with the maximum of variety.

" For the twelve months ending 31st December, 1966, 1,935,706 one-third pint bottles of pasteurised milk were consumed. The average number of children drinking milk in maintained schools during the year was 83·41%, a decrease of nearly 3% from the previous year."

SCHOOL MEDICAL INSPECTION AND TREATMENT STATISTICS

Total number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1967 11,815

PART I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools

Table A—Periodic Medical Inspections

Age Groups Inspected (By year of birth) (1)	No. of Pupils who have received a full medical examination (2)	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination (5)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No. (3)	Unsatisfactory No. (4)		For defective vision (excluding squint) (6)	For any other condition recorded at Part II (7)	Total Individual Pupils (8)
1962 and later	31	31	—	—	—	1	1
1961	530	524	6	—	4	64	64
1960	418	412	6	—	9	55	61
1959	34	34	—	—	—	5	5
1958	16	16	—	—	2	4	6
1957	13	13	—	—	1	—	1
1956	8	8	—	—	—	—	—
1955	199	199	—	—	8	30	34
1954	504	502	2	—	42	85	116
1953	218	217	1	—	22	35	52
1952	85	83	2	95	8	18	21
1951 and earlier	334	332	2	462	24	55	63
TOTAL ..	2,390	2,371	19	557	120	352	424

Col. (3) total as a percentage of Col. (2) total 99·20% Col. (4) total as a percentages of Col. (2) total 0·80%
(to two places of decimals.)

TABLE B—OTHER INSPECTIONS.

Number of Special Inspections	2,035
Number of Re-inspections	40
Total	2,075

TABLE C—INFESTATION WITH VERMIN.

(*a*) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	16,969
(*b*) Total number of individual pupils found to be infested ...	584
(*c*) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	12
(*d*) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	—

PART II

Defects found by Periodic and Special Medical Inspections during the Year.

Defect or Disease		PERIODIC INSPECTIONS				Special Inspections
		Entrants	Leavers	Others	Total	
Skin	*T	5	15	31	51	62
	*O	13	5	7	25	17
Eyes—*a.* Vision	T	16	31	73	120	66
	O	79	14	48	141	58
b. Squint	T	10	1	12	23	2
	O	11	2	6	19	6
c. Other	T	1	3	4	8	5
	O	3	1	2	6	6
Ears—						
a. Hearing ...	T	2	2	1	5	4
	O	26	8	16	50	77
b. Otitis Media	T	1	1	2	4	1
	O	21	3	3	27	48
c. Other ...	T	1	—	1	2	2
	O	3	—	—	3	—
Nose and Throat	T	5	3	1	9	5
	O	64	2	14	80	64
Speech	T	5	2	3	10	9
	O	15	—	—	15	23
Lymphatic Glands	T	—	1	—	1	—
	O	29	—	5	34	27
Heart	T	1	2	1	4	—
	O	13	4	3	20	13
Lungs	T	1	—	5	6	3
	O	27	8	13	48	30
Developmental—						
a. Hernia ...	T	1	1	2	4	1
	O	2	—	1	3	4
b. Other ...	T	3	4	8	15	17
	O	36	13	36	85	69
Orthopædic—						
a. Posture ...	T	33	12	47	92	54
	O	11	6	7	24	26
b. Feet ...	T	47	3	17	67	55
	O	15	4	10	29	34
c. Other ...	T	8	4	3	15	10
	O	5	4	5	14	14
Nervous System—						
a. Epilepsy ...	T	1	1	2	4	5
	O	2	1	1	4	7
b. Other ...	T	1	5	2	8	7
	O	24	6	8	38	23
Psychological—						
a. Development	T	1	2	—	3	24
	O	16	5	13	34	75
b. Stability ...	T	—	1	—	2	3
	O	9	8	6	23	24
Abdomen ...	T	—	2	1	3	1
	O	5	—	1	6	5
Other	T	3	5	8	16	25
	O	16	2	14	32	23

*T Pupils requiring treatment

*O Pupils requiring observation

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	9
Errors of refraction (including squint) ..	768
Total	777
Number of pupils for whom spectacles were prescribed	342

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment—	
(*a*) for diseases of the ear ..	7
(*b*) for adenoids and chronic tonsillitis	47
(*c*) for other nose and throat conditions	5
Received other forms of treatment ..	4
Total	63
Total number of pupils still on register of schools at 31st December, 1966, known to have been provided with hearing aids :—	
(*a*) during the calendar year 1966	4
(*b*) in previous years	46

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number known to have been treated
(*a*) pupils treated at clinics or out-patients departments	51
(*b*) pupils treated at school for postural defects	432
Total ..	483

TABLE D.—DISEASES OF THE SKIN.

(excluding uncleanliness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm (*a*) Scalp	—
(*b*) Body	—
Scabies	5
Impetigo	1
Other Skin Diseases	7
Total ..	13

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number known to have been treated
Pupils treated at Child Guidance Clinics	85

TABLE F.—SPEECH THERAPY.

	Number known to have been treated
Pupils treated by speech therapists ..	144

TABLE G.—OTHER TREATMENT GIVEN.

	Number known to have been dealt with
(*a*) Pupils with minor ailments	40
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	8
(*c*) Pupils who received B.C.G. vaccination	910
(*d*) Other than (*a*), (*b*) and (*c*) above.	
(i) Audiometric examination 5 year old sweep	1,222
(ii) Audiometric centre—special examinations	16
(iii) Ultra violet light therapy ..	108
(iv) Pupils who attended the Chiropody Clinic	117
(v) Pupils who received treatment for enuresis	31
Total (a)-(d) ...	2,452

SCREENING TESTS OF VISION AND HEARING

(Where boxes are provided for the answers please place ticks in the appropriate box or enter the ages, where requested, in Arabic numerals)

	(*a*) Is the vision of entrants tested as a routine within their first year at school?	YES ☐ NO ☑
	(*b*) If not, at what age is the first routine test carried out? ...	6 years
2.	At what age(s) is vision testing repeated during a child's school life?	6 ☑ 7 ☐ 8 ☑ 9 ☐ 10 ☐ 11 ☐ 12 ☑ 13 ☐ 14 ☑ 15 ☐ 16 ☐ Also at routine medical inspections
3.	(*a*) Is colour vision testing undertaken?	YES ☑ NO ☐
	(*b*) If so, at what age?	School leavers—14 year olds
	(*c*) Are both boys and girls tested?	BOYS ☑ GIRLS ☐
4.	(*a*) By whom is vision testing carried out?	School Nurse.
	(*b*) By whom is colour vision testing carried out?	School Doctor—School Nurse since Keystone Vision Screener obtained
	(*a*) Is routine audiometric testing of entrants carried out within their first year at school? ...	YES ☑ NO ☐
	(*b*) If not, at what age is the first routine audiometric test carried out?	N/A
	(*c*) By whom is audiometric testing carried out?	Intially by Audiometrician. Failures by School Medical Officer and Peripatetic Teacher of the Deaf.

Dental Inspection and Treatment carried out by the Authority

ATTENDANCES AND TREATMENT	Ages 5 to 9		Ages 10 to 14		Ages 15 and over		Total
First Visit	1	276	12	491	23	76	843
Subsequent visits	2	270	13	671	24	121	1,062
Total visits		546		1,162		197	1,905
Additional courses of treatment commenced	3	22	14	26	25	2	50
Fillings in permanent teeth	4	344	15	1,141	26	241	1,726
Fillings in deciduous teeth	5	54	16	4			58
Permanent teeth filled	6	271	17	921	27	190	1,382
Deciduous teeth filled	7	46	18	4			50
Permanent teeth extracted	8	633	19	187	28	34	254
Deciduous teeth extracted	9	634	20	281			915
General anæsthetics	10	162	21	113	29	4	279
Emergencies	11	117	22	49	30	5	171

Number of Pupils X-rayed	31	45
Prophylaxis	32	120
Teeth otherwise conserved	33	1
Number of teeth root filled	34	—
Inlays	35	—
Crowns	36	—
Courses of treatment completed	37	631

ORTHODONTICS

Cases remaining from previous year		8
New cases commenced during year	38	6
Cases completed during year ...	39	4
Cases discontinued during year ...	40	6
No. of removable appliances fitted	41	5
No. of fixed appliances fitted ...	42	1
Pupils referred to Hospital Consultant	43	21

PROSTHETICS

	5 to 9		10 to 14		15 and over		Total
Pupils supplied with F.U. or F.L. (first time)	44	—	47	—	50	—	—
Pupils supplied with other dentures (first time)	45	2	48	11	51	—	13
Number of dentures supplied	46	2	49	11	52	—	13

ANÆSTHETICS. General Anæsthetics administered by Dental Officers	53	110

INSPECTIONS

(*a*) First inspection at school. Number of Pupils	A	2,168
(*b*) First inspection at clinic. Number of Pupils	B	425
Number of (a) + (b) found to require treatment	C	1,655
Number of (a) + (b) offered treatment	D	1,161
(*c*) Pupils re-inspected at school clinic	E	27
Number of (c) found to require treatment	F	23

SESSIONS

Sessions devoted to treatment	X	371
Sessions devoted to inspection	Y	16
Sessions devoted to Dental Health Education ...	Z	12

HANDICAPPED CHILDREN'S TABLE

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES.

During the calendar year ended 31st December, 1966		(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total (Cols. (1) to (10))
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Handicapped children who were newly assessed as needing special educational treatment at special schools or in boarding homes	boys	—	—	—	—	3	4	8	12	1	—	28
	girls	1	—	1	—	—	6	2	3	1	—	14
B. Number of children who were newly placed in special schools (other than hospital special schools) or boarding homes												
(i) of those included at A above ...	boys	—	—	—	—	1	2	7	4	1	—	15
	girls	—	—	—	—	—	3	1	1	—	—	5
(ii) of those assessed prior to January, 1966	boys	—	1	—	—	1	3	3	1	—	—	9
	girls	—	—	—	—	—	6	—	2	—	—	8
(iii) Total newly placed—B (i) and (ii)	boys	—	1	—	—	2	5	10	5	1	—	24
	girls	—	—	—	—	—	9	1	3	—	—	13

On 19th January, 1967, number of children from the Authority's area :—		(1) **Blind** (2) Partially Sighted		(3) **Deaf** (4) Partial Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total (Cols. (1) to (10))
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
C. (i) who were requiring places in special schools other than hospital special schools												
(*a*) day places	boys	—	—	—	—	1	—	—	38	—	—	39
	girls	—	—			—	3	—	23	—	—	26
(*b*) boarding	boys	—	—	—	—	2	—	2	—	—	—	4
	girls	2	—	1	—	—	—	1	—	—	—	4
(ii) included at C (i) who had not reached the age of 5 and were awaiting												
(*a*) day places	boys	—	—	—	—	1	—	—	1	—	—	2
	girls	—	—	—	—	—	—	—	—	—	—	—
(*b*) boarding places	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	1	—	1	—	—	—	—	—	—	—	2
(iii) included at C (i) who had reached the age of 5 but whose parents had refused consent to their admission to a special school, and were awaiting												
(*a*) day places	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
(*b*) boarding places	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—

On 19th January, 1967, number of children from the authority's area :—		(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handi-capped		(6) Delicate (7) Maladjusted (8) E.S.N.			(9) Epileptic (10) Speech Defects		Total (Cols. (1) to (10))
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(iv) included at C (i) who had been awaiting admission to special schools for more than one year												
(*a*) day places	boys	—	—	—	—	—	—	—	7	—	—	7
	girls	—	—	—	—	—	—	—	12	—	—	12
(*b*) boarding places	boys	—	—	—	—	1	—	1	—	—	—	2
	girls	1	—	—	—	—	—	—	—	—	—	1
D. (i) who were on the registers of: (1) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained												
(*a*) day	boys	—	1	—	2	9	16	9	15	2	—	54
	girls	—	—	—	1	4	18	3	7	1	1	35
(*b*) boarding	boys	—	2	—	1	1	2	1	8	—	—	15
	girls	—	1	—	1	—	1	—	1	—	—	4
(2) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated												
(*a*) day	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
(*b*) boarding	boys	—	1	3	—	1	—	2	5	—	—	12
	girls	—	—	1	—	1	—	—	3	—	—	5

On 19th January, 1967, number of children from the Authority's area :—		(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handi-capped		(6) Delicate (7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total (Cols. (1) to (10))
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(3) Independent schools under arrangements made by the authority	boys	—	—	—	—	—	—	4	2	—	—	6
	girls	—	—	—	1	—	1	1	—	—	—	3
(ii) who were boarded in homes and not already included in D (i) above	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	1	—	—	—	1
Total 'D' ...	boys	—	4	3	3	11	18	16	30	2	—	87
	girls	—	1	1	3	5	20	5	11	1	1	48
Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes. Total of sections C (i) (a) & (b) & D	boys	—	4	3	3	14	18	18	68	2	—	130
	girls	2	1	2	3	5	23	6	34	1	1	78
On 19th January, 1967 :—												
E. Number of handicapped pupils (irrespective of the area to which they belong) were being educated under arrangements made by the authority in accordance with Section 56 of the Education Act, 1944												
(i) in hospitals		—	—	—	—	—	—	—	—	—	—	—
(ii) in other groups (e.g. units for spastics, convalescent homes etc.)		—	—	—	—	—	—	—	—	—	—	—
(iii) at home		—	—	—	—	—	—	2	—	—	—	2

CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL

Number of children who were the subject of new decisions recorded under Section 57 of the Education Act. 1944 during the calendar year ended 31st December, 1966	5
Number of reviews carried out under the provisions of Section 57A of the Education Act, 1944, during the calendar year ended 31st December, 1966	1
Number of Decisions cancelled under Section 57A (2) of the Education Act, 1944, during the calendar year ended 31st December, 1966	1

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